

**PATENT APPLICATION FEE DETERMINATION RECORD**  
**Effective October 1, 2000**

Application or Docket Number  
~~00000000091826853~~  
~~0-2213-05~~

**CLAIMS AS FILED - PART I**

		(Column 1)	(Column 2)
<b>TOTAL CLAIMS</b>		<u>12</u>	
<b>FOR</b>		<b>NUMBER FILED</b>	<b>NUMBER EXTRA</b>
<b>TOTAL CHARGEABLE CLAIMS</b>		<u>12</u> minus 20 =	
<b>INDEPENDENT CLAIMS</b>		<u>2</u> minus 3 =	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

4-28-05

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Total	23	Minus	20	3
Independent	2	Minus	3	—

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	Fee		RATE	Fee
BASIC FEE	355.00	OR	BASIC FEE	710.00
X3 0=		OR	X310=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	710

## 1-12 CLAIMS AS AMENDED - PART II

4-28-05

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XX45		OR	XX45	150.00
XX45		OR	XX45	—
180 + 150		OR	360 + 150	150.00
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	150.00

10-19-05

**(Column 1)**

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	• 13	Minus	• 23	—	—
Independent	• 2	Minus	• 3	—	—

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
25 X\$ .25		50 X\$ .50	—
10 X\$.10		200 X\$ 2.00	—
150 X\$ 1.50		360 X\$ 3.60	—
<b>TOTAL</b> ADDT. FEE		<b>TOTAL</b> ADDT. FEE	—

**BEST AVAILABLE COPY**

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		(Column 1)	(Column 2)	(Column 3)	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	•	3	Minus	.. 23	-
Independent	•	2	Minus	... 3	-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X3 9-		X318-	
X40-		X30-	
+135-		+270-	
<b>TOTAL</b> ADDT. FEE		<b>TOTAL</b> ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE Is Less Than 3, see

The "Highest Number Previously Paid For" (Total or Independent) is the highest.

10. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 10)